



ALABAMA

Dauphin Island Sea Lab Camp

April 24-26, 2009

INFORMATION SHEET

Operation: Military Kids Alabama (OMK) will be hosting an educational camp opportunity at the Dauphin Island Sea Lab (DISL). Attached you will find the registration and consent form for our OMK camp at Dauphin Island, Alabama April 24-26. The camp will be a two night, 2 ½ day program. Registration scholarships are available for 35 youth in grades 6-8 on a first come, first serve basis for military youth with a parent/guardian or sibling in the military (Active Duty, Guard & Reserves). The program includes lodging and meals. Transportation to Dauphin Island is the responsibility of the camper. Camp attendees will need to be at the Dauphin Island Sea Lab by 4:30 pm for check-in on Friday, April 24, and picked up by 12:00 noon on Sunday, April 26, 2009. The address for the Dauphin Island Sea Lab is 101 Bienville Boulevard on Dauphin Island. The DISL phone # is (251) 861-2141 and their website is www.disl.org.

OMK Campers will be staying on campus at the (Challenger/Beagle) dormitory. Each dormitory room will have two occupants and provides an individual air conditioner, twin beds, at least two closets, and a study table. Visitors must provide their own linens (sheets, towels, blankets, pillows, etc.) as well as personal toiletries. A list of additional items to bring and a program itinerary will be sent to each camper following registration.

To register for the program, please complete and return (prefer by fax) the DISL Camp registration form, the OMK Photo Release and the Alabama 4H Parent and Youth Consent Form and return them **by March 12th** to:

Attn: Ms. Charlene Hines, OMK Coordinator
110 Duncan Hall
Auburn University, AL 36849
Phone: (334) 844-2294
Fax: (334) 844-2252
Email: himescm@auburn.edu

If you have any questions please contact Ms. Hines.



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CAMP REGISTRATION FORM

Youth Name: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Alternate Phone: _____

E-Mail Address: _____

Military Affiliation:

____ Air/Army National Guard

____ Reserves

____ Active Duty Army

____ Active Duty Navy

____ Active Duty Marine

____ Active Duty Air Force

____ Active Duty Coast Guard

Do you have a parent/guardian currently deployed? _____ Yes _____ No

Any special dietary needs: _____

Any other special needs: _____

Fax military identification with the registration.

Be sure and complete and fax the Alabama 4-H Parent & Youth Consent Form the Photo Release Form and this registration form to (334) 844-2252. Applications for the Dauphin Island Sea Lab Camp cannot be accepted unless all forms are submitted.

Remember
Registration Deadline is March 12, 2009!

Confidential



Confidential

[This Box to Be Completed by ACES Staff]

County: _____

Date of Receipt by County: ____/____/____

Alabama 4-H Parent and Youth Consent Form

All items on this form must be completely filled out by the participant and his or her parent or guardian. If an item is **not applicable** or there is **none**, indicate that by using **N/A** or **None** (for example: *no Family Doctor*). If this form is not completed in its entirety, the youth will not be able to participate in 4-H activities.

Youth's Name _____

Last First

Birth Date ____/____/____ Age ____ ☐ Female ☐ Male
Month / Day / Year

Home Address _____

Home Phone () _____
City State Zip

Parent/Guardian Work Phone () _____

Family E-mail _____

Cell Phone () _____

Primary Emergency Contact _____

Phone(s) () _____

Alternate Emergency Contact _____

Phone(s) () _____

Youth's Doctor _____

Phone () _____

Health Insurance Co. _____

Policy # _____

Name of Insured _____

Relationship to Participant _____

Publicity Release

☐ I authorize Alabama 4-H or its assignees to record or photograph my image and/or voice and that of my child (if under 19) for use in research, educational and promotional programs and hereby convey all rights in perpetuity in such recording, photo, video or other media rights, including but not limited to Alabama 4-H or its assignee. I also recognize that these audio, video and image recordings are the property of Alabama 4-H.

☐ No, I do not authorize use of my – or my child's – individual image or voice.

Alabama 4-H may provide my child with _____ sunscreen and _____ insect repellent as needed.

HEALTH HISTORY

Does the youth have – or has ever had -- any of the following? Check **Yes** or **No** to each item.

Please explain any **Yes** answers (noting the number of the item) in the space below **or on additional paper**.

Reporting a health condition will not prevent a person from attending and will be kept confidential.

	Yes	No
1. Asthma	<input type="checkbox"/>	<input type="checkbox"/>
2. Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
3. Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
4. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
5. Ear Infection	<input type="checkbox"/>	<input type="checkbox"/>
6. Fainting	<input type="checkbox"/>	<input type="checkbox"/>
7. Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
8. Headaches	<input type="checkbox"/>	<input type="checkbox"/>
9. Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>
10. Serious Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>
11. Wear Glasses	<input type="checkbox"/>	<input type="checkbox"/>
12. Wear Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>
13. Other Conditions	<input type="checkbox"/>	<input type="checkbox"/>
14. Penicillin Allergy	<input type="checkbox"/>	<input type="checkbox"/>
15. Aspirin Allergy	<input type="checkbox"/>	<input type="checkbox"/>
16. Tetanus Allergy	<input type="checkbox"/>	<input type="checkbox"/>
17. Other Drug Allergies	<input type="checkbox"/>	<input type="checkbox"/>
18. Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>
19. Serious Ivy, Oak or Sumac Poisoning	<input type="checkbox"/>	<input type="checkbox"/>
20. Other Allergies	<input type="checkbox"/>	<input type="checkbox"/>

Date of Last Tetanus Shot ____/____/____

Please explain **Yes** answers and provide information on **present medications**, recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, any specific activities to be restricted and other comments.

These over-the-counter medications or generic equivalents may be administered to my child without contacting me: ☐ Antihistamine (Benedryl) ☐ Antacid
☐ Ibuprofen (Advil) ☐ Acetaminophen (Tylenol)
☐ Pepto-Bismol ☐ Decongestant ☐ Baby Aspirin
☐ Hydrocortisone ☐ Polysporin (antibiotic cream)

☐ **Please contact me for permission prior to administering any over-the-counter medications..**



Alabama 4-H Youth Code of Conduct

- I will attend all sessions of planned programs and will exhibit good character and behavior, such as trustworthiness, responsibility, respect, caring, citizenship and fairness.
- I recognize that boys are not allowed in girls' rooms and girls are not allowed in boys' rooms except in rare cases when directly and fully supervised by adult chaperones.
- I will be responsive to the reasonable requests of leaders and comply with the need for personal safety.
- I will dress appropriately, use appropriate language, and value the rights of others.
- I will not use alcohol, drugs, or tobacco nor remain in the presence of anyone using them.
- I will not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person nor abuse public or private property.
- When I have access to computers at ACES facilities, I will use the computer for educational purposes and will not access inappropriate web sites.
- I recognize that these guidelines are not "all inclusive" and that the Alabama Cooperative Extension System may make adjustments to these policies.

MEMBER: *I have read the Alabama 4-H Youth Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future and may result in my being sent home at the expense of my parent(s) or guardian(s).*

4-H Member Signature _____

Date _____

SURVEY & EVALUATION RELEASE

☐ I hereby give permission **for my child** (under 19 years of age) and give consent **for myself**, as a parent or guardian, to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that I and my child may choose not to participate and may withdraw from surveys or evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that I or my child may be asked for consent before completing a survey or an evaluation.

☐ No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.

VERIFICATION

I, _____
(parent/guardian)

understand that participants will be supervised and that if a serious illness or injury develops, medical and/or hospital care will be given. I hereby give permission to the attending physician or other health care professional to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for me or my child and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I understand that as a parent/legal guardian, I will be responsible for the cost of service or treatment.

[If, for religious reasons, you cannot sign this section, please contact 4-H personnel for necessary legal waivers.]

Parent/Guardian Signature _____

Date _____

I have read and understand the Alabama 4-H Youth Code of Conduct, Publicity Release and Survey & Evaluation Release.

4-H Member Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

I hereby agree that I understand the risks or have been given the opportunity to ask for information concerning risks involved in this activity and assume all risks and release Alabama 4-H, the Alabama Cooperative Extension System, local Extension offices, Auburn University, Alabama A & M University, the State of Alabama, the Alabama 4-H Foundation and 4-H Youth Development Center, and their trustees, agents, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of me or my minor child in any Alabama 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities.

4-H Member Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, and other related acts, in cooperation with the U. S. Department of Agriculture. The Alabama Cooperative Extension System (Alabama A & M University and Auburn University) offers educational programs, materials, and equal opportunity employment to all people without regard to race, color, national origin, religion, sex, age, veteran status, or disability.



ALABAMA

Photo Release

I give to the 4H/Army Youth Development Project's Operation: Military Kids Initiative and its partners (Alabama Cooperative Extension Service, Army CYS, CSREES/4-H, Boys & Girls Club of America, Military Child Education Coalition and The American Legion), its nominees, agents, and assigns, unlimited permissions to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and/or my child(ren) and reproductions of my/our likeness (photographic or otherwise) and my/our voice, whether or not related to any affiliation with 4-H, with or without my/ our name. I hereby waive any right that I (and Minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

Participant Status: ☐ Youth ☐ Adult

Participant Name: _____

Signature: _____ Date: _____

Consent of parent or legal guardian if above individual is a minor.

I consent and agree, individually and, as parent or legal guardian of the minor named above, to the foregoing terms and provisions. I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above information release and that I am fully familiar with the contents.

Name of child(ren): _____

Name of Parent/Guardian: _____

Signature: _____ Date: _____